

THE CITY OF SPRINGFIELD  
STANDARD CERTIFICATE OF DEATH

23432

FILED JUL 30 1956

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 667-G

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>SPRINGFIELD</b> TOWN		c. CITY OR TOWN <b>SPRINGFIELD 0396</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>723 N. JEFFERSON</b>		d. STREET ADDRESS (If outside, give location) <b>723 N. JEFFERSON</b>	
3. NAME OF DECEASED (Type or print) First <b>EMERY</b> Middle <b>REGINOLD</b> Last <b>THAMES</b>		4. DATE OF DEATH <b>JULY 19, 1956</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 4, 1911</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DISABLED WW II VETERAN</b>		9b. AGE (In years last birthday) <b>45</b>	
10a. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Topeka, Kansas</b>	
13. FATHER'S NAME <b>REGINOLD THAMES</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW II</b>		14. MOTHER'S MAIDEN NAME <b>OLLIE BROWN</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>MRS OLLIE GOEBEL, 723 N. JEFFERSON</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Accidental overdose of Barbiturates (Acute alcoholic)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>14</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8710</b>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Accidental overdose of barbiturates (acute alcoholic)</b>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. <b>(?) 7/19/56</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
20f. CITY, TOWN, OR LOCATION <b>Springfield</b>		COUNTY <b>Greene</b> STATE <b>Missouri</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>about 9:30 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>Springfield, Mo.</b>	
22c. DATE SIGNED <b>7/21/56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/23/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>HERMAN H. LOHMEYER, SPRINGFIELD</b>		25. DATE RECD. BY LOCAL REG. <b>7-24-56</b>	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 2 1958

NOV 1 1958

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *H. L. McCann*

Licensed Embalmer No. *27*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.